

**Authorization and Consent for Release  
of Electronically Stored Information**

I hereby authorize my fiduciaries to exercise all powers I may have over any computer, telephone, digital device, data storage device, user account, electronically stored information, and any domain name, whether the same are in my own name or that I own or lawfully use jointly with anyone else; to access, manage, control, delete and terminate any such asset or account, including, but not limited to, e-mail, telephone, bank, brokerage, investment, insurance, social networking, internet service provider, retail vendor, utilities and other accounts; to change my username and password to gain access to such accounts and information; to transfer or withdraw funds or other assets among or from such accounts; and to open new accounts in my name; all as my fiduciaries determine is necessary or advisable. I hereby give my lawful consent and fully authorize my fiduciaries to access, manage, control, delete and terminate any electronically stored information and communications to the fullest extent allowable under the Electronic Communications Privacy Act of 1986, as amended, the Computer Fraud and Abuse Act of 1986, as amended, the Gramm-Leach-Bliley Act, as amended, and any other federal, state or international privacy or other laws, and to take any actions I am authorized to take under all applicable terms of service, terms of use, licensing and other account agreements or laws. To the extent a specific reference to any federal, state, local or international law is required in order to give effect to this provision, I specifically provide that my intention is to so reference such law, whether it is now in existence or comes into existence or is amended after the date of this document. The term "fiduciaries" includes an attorney-in-fact or agent acting under a power of attorney signed by me, a guardian or conservator appointed for me, a trustee of any trust of which I am the settlor or grantor, and a personal representative (executor) of my estate.

This authorization is effective immediately. Unless I revoke this authorization in writing while I am competent, this authorization continues to be effective during any period that I am incapacitated and continues to be effective after my death.

Unless an individual or entity has received actual notice that I have validly revoked this authorization, that individual or entity receiving this authorization may act on the presumption that it is valid and effective. An individual or entity may accept a copy or facsimile of this original authorization as though it were an original document.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name